Gastric teratoma in children
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Background: Gastric teratomas are uncommon in children. We report our experience with 4 cases of gastric teratoma, seen over a period of 25 years.

Methods: 4 children aged between 4 months and 5 years presented with an abdominal mass. Male to female ratio was 3:1. The 4 month-old infant presented with a large abdominal mass & tensely distended abdomen. 3 children presented with abdominal mass & one had vomiting & pain. Plain x-ray abdomen, ultrasound & CT scan were done. 2 were diagnosed as retroperitoneal teratomas, one was suspected to arise from stomach. Alpha fetoprotein & Beta HCG were within normal limits. Laparotomy was performed in all. In the 4-month-old infant, the large teratoma attached to the greater curvature of the stomach, easily popped out. It was excised, & the stomach wall repaired. In two, the tumor was situated in the anterior wall closer to the greater curvature. In one, it was situated behind the stomach & attached to the greater curvature. The tumor was removed by dissecting it off from the muscle coat, leaving the mucosa intact. Stomach wall was repaired. In all children the size of the stomach was smaller than normal.

Results: All of them recovered well. Histopathology confirmed benign gastric teratoma. Coffee ground aspirated was noted in 3 of them in the first 3 to 4 postoperative days & settled.

Conclusions: About 160 cases are reported till date. There was a male preponderance, as in our series. These children presented with abdominal mass, pain, bleeding or gastric outlet obstruction. Malignant change is uncommon. Excision of benign lesions is curative.